

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Southern District of Indiana

Case number (If known): _____ Chapter you are filing under:



Chapter 7



Chapter 11



Chapter 12



Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Tami

First name

Sheri

Middle name

Underwood

Last name

Suffix (Sr., Jr, II, III)_____
First name_____
Middle name_____
Last name_____
Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Tami

First name

S.

Middle name

Beaver

Last name

Tami

First name

S.

Middle name

Farmer

Last name

See continuation page.

First name_____
Middle name_____
Last name_____
First name_____
Middle name_____
Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 5 9 8 0

OR

9xx - xx - ____ ____ ____ ____

xxx - xx - ____ ____ ____ ____

OR

9xx - xx - ____ ____ ____ ____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

☒ I have not used any business names or EINs.

☐ I have not used any business names or EINs.

Business name

Business name

Business name

Business name

EIN

EIN

EIN

EIN

5. Where you live

If Debtor 2 lives at a different address:

2305 Harvest Moon Drive
Number Street

Number Street

Greenwood, IN 46143
City State ZIP Code

City State ZIP Code

Johnson
County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No.

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No.

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.

☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
- ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**
☒ No.

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City

State

ZIP Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Tami Sheri Underwood
First Name Middle Name Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

☐ No. Go to line 16b.

☒ Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

☐ No. Go to line 16c.

☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

☒ No

☐ Yes

18. How many creditors do you estimate that you owe?

☐ 1-49 ☒ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

19. How much do you estimate your assets to be worth?

☐ \$0-\$50,000 ☒ \$50,001-\$100,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$100,001-\$500,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$500,001-\$1 million ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ Tami Sheri Underwood

Tami Sheri Underwood, Debtor 1

Executed on 03/29/2019

MM/ DD/ YYYY

Jami

Shen

Underwood

Case number (if known)

First Name

Middle Name

Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Matthew M Cree

Matthew M Cree, Attorney

Date 03/29/2019

MM / DD / YYYY

Matthew M Cree

Printed name

Law Office of Matthew M. Cree, LLC

Firm name

1638 W Smith Valley Rd A

Number Street

Greenwood

City

IN

State

46142-1550

ZIP Code

Contact phone (317) 695-1008

Email address matt@creelawoffice.com

27073-41

Bar number

IN

State

Tami	Sheri	Underwood	Case number (if known)
First Name	Middle Name	Last Name	

Additional Items: Continuation Page

2. All other names you have used in the last 8 years (cont.)

Tami	S.	Walters
First name	Middle name	Last name

Include your married or maiden names.

Fill in this information to identify your case:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$63,249.96
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$8,427.89
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$71,677.85

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$105,540.41
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3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$5,324.65
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$132,596.38

Your total liabilities

\$243,461.44

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$2,148.54
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5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$2,052.00
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Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$2,495.07

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim**

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$5,324.65
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$97,907.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$103,231.65

Fill in this information to identify your case and this filing:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1 Single family residence

Street address, if available, or other description

1069 Taurus LnFranklin, IN 46131-7020

City State ZIP Code

Johnson

County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Source of Value:

2018 property tax assessment

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$125,700.00

Current value of the portion you own?

\$62,850.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple
☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2 1/3 interest in mineral rights in one acre of land (owned with brother and sister)

Street address, if available, or other description

, PA

City State ZIP Code

Greene

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☒ Land
☐ Investment property
☐ Timeshare
☒ Other Mineral Rights

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Source of Value:

Per Contract

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1,200.00

Current value of the portion you own?

\$399.96

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenants in common
☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

\$63,249.96

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: Chevy Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$4,251.00

Current value of the portion you own?
\$2,125.50

Model: Cruze

Year: 2012

Approximate mileage: 157000

Other information:

Good condition

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ \$2,125.50

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

See Attached.

\$2,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

TV, mobile phone, laptop.

\$1,000.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....Used clothing\$600.00**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe.....Sapphire ring\$2,000.00**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No☒ Yes. Describe.....Dog\$200.00**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Describe.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached**

for Part 3. Write that number here..... →

\$6,300.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No☐ Yes..... Cash.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes.....

Institution name:

17.1. Checking account:	<u>PNC Bank</u>	<u>\$2.39</u>
17.2. Checking account:	<u></u>	<u></u>
17.3. Savings account:	<u></u>	<u></u>
17.4. Savings account:	<u></u>	<u></u>
17.5. Certificates of deposit:	<u></u>	<u></u>
17.6. Other financial account:	<u></u>	<u></u>
17.7. Other financial account:	<u></u>	<u></u>
17.8. Other financial account:	<u></u>	<u></u>
17.9. Other financial account:	<u></u>	<u></u>

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
☐ Yes.....

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☒ No
☐ Yes. Give specific information about them.....

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them.....

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No
☐ Yes. List each account separately.

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes.....

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them....

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them....

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them....

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal:

State:

Local:

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

☒ No☐ Yes. Give specific information.....

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

30. **Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.....31. **Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.....34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....35. **Any financial assets you did not already list**☒ No☐ Yes. Give specific information.....36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →****\$2.39**

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe.....**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☒ No☐ Yes. Describe.....**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.....**41. Inventory**☒ No☐ Yes. Describe.....**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe.....**43. Customer lists, mailing lists, or other compilations**☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☒ No☐ Yes. Describe.....**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information.....**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... →****\$0.00****Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes.....

48. Crops—either growing or harvested

- ☒ No
☐ Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes.....

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes.....

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....→

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here.....→

\$0.00

Part 8: List the Totals of Each Part of this Form

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

55. Part 1: Total real estate, line 2.....→

\$63,249.96

56. Part 2: Total vehicles, line 5

\$2,125.50

57. Part 3: Total personal and household items, line 15

\$6,300.00

58. Part 4: Total financial assets, line 36

\$2.39

59. Part 5: Total business-related property, line 45

\$0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$0.00

61. Part 7: Total other property not listed, line 54

+ \$0.00

62. Total personal property. Add lines 56 through 61.....

\$8,427.89

Copy personal property total →

+ \$8,427.89

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$71,677.85

Debtor 1

TamiSheriUnderwood

First Name

Middle Name

Last Name

Case number (if known) _____

SCHEDULE A/B: PROPERTY

Continuation Page

6. **Household goods and furnishings**Dishes, pots and pans, and misc. household furnishings.\$1,000.00Bed, dresser, nightstand, linens, kitchenware, and misc. household goods and furnishings\$1,500.00

Fill in this information to identify your case:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Single family residence 1069 Taurus Ln Franklin, IN 46131-7020	\$62,850.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(1)
Line from Schedule A/B: <u>1.1</u>			
Brief description: 1/3 interest in mineral rights in one acre of land (owned with brother and sister) PA	\$399.96	<input checked="" type="checkbox"/> \$399.96 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: <u>1.2</u>			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: 2012 Chevy Cruze Good condition Line from Schedule A/B: 3.1	\$2,125.50	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: Bed, dresser, nightstand, linens, kitchenware, and misc. household goods and furnishings Line from Schedule A/B: 6	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: Dishes, pots and pans, and misc. household furnishings. Line from Schedule A/B: 6	\$1,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: TV, mobile phone, laptop. Line from Schedule A/B: 7	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: Used clothing Line from Schedule A/B: 11	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: Sapphire ring Line from Schedule A/B: 12	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: Dog Line from Schedule A/B: 13	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Brief description: PNC Bank Checking account Line from Schedule A/B: 17	\$2.39	<input checked="" type="checkbox"/> \$2.39 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)

Fill in this information to identify your case:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any

2.1	<u>Ashmore Trace Apartments</u> Creditor's Name <u>Attn: Highest Executive Officer Found</u> <u>902 Wallington Cir</u> Number Street <u>Greenwood, IN 46143-2353</u> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>8/8/2018</u> Remarks: Judgment in Cause No. 41D03-1804-SC-001196	Describe the property that secures the claim: Single family residence 1069 Taurus Ln Franklin, IN 46131-7020 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)
-----	--	---

\$3,356.70	\$62,850.00	\$0.00
------------	-------------	--------

Add the dollar value of your entries in Column A on this page. Write that number here:

\$3,356.70

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion If any

2.2

Barclays Bank Delaware

Creditor's Name

PO Box 8801

Number Street

Wilmington, DE 19899

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

02/20/2018

Describe the property that secures the claim:

Single family residence

1069 Taurus Ln Franklin, IN 46131-7020

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☒ Judgment lien from a lawsuit☐ Other (including a right to offset)Last 4 digits of account number 1 2 7 5

\$2,024.92

\$62,850.00

\$0.00

Remarks: Judgment in Cause No. 41D04-1712-CC-001275

2.3

Capital One Auto Finance

Creditor's Name

Attn: Bankruptcy

PO Box 30285

Number Street

Salt Lake City, UT 84130-0285

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

3/1/2014

Describe the property that secures the claim:

2012 Chevy Cruze

Good condition

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)Last 4 digits of account number 1 0 0 1

\$8,595.00

\$2,125.50

\$6,469.50

Remarks: Auto Loan

Add the dollar value of your entries in Column A on this page. Write that number here:

\$10,619.92

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion If any

2.4

Eagle Accounts Group, Inc.

Creditor's Name

Attn: Chet D. Klene, Reg. Agent

7510 Madison Avenue

Number Street

Indianapolis, IN 46227

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

11/28/2018

Describe the property that secures the claim:

Single family residence

1069 Taurus Ln Franklin, IN 46131-7020

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☒ Judgment lien from a lawsuit☐ Other (including a right to offset)Last 4 digits of account number 2 8 6 9

\$1,467.47

\$62,850.00

\$0.00

Remarks: Judgment in Cause No. 41D02-1809-SC-002869

2.5

LVNV Funding, LLC

Creditor's Name

c/o Corporation Service Company

135 N Pennsylvania St Ste 1610

Number Street

Indianapolis, IN 46204-2448

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

8/8/2017

Describe the property that secures the claim:

Single family residence

1069 Taurus Ln Franklin, IN 46131-7020

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☒ Judgment lien from a lawsuit☐ Other (including a right to offset)Last 4 digits of account number 0 2 8 5

\$1,064.29

\$62,850.00

\$0.00

Remarks: Judgment in Cause No. 41D04-1703-CC-000285

Add the dollar value of your entries in Column A on this page. Write that number here:

\$2,531.76

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral

that supports this claim

Column C

Unsecured

portion If any

2.6

Progressive Leasing

Creditor's Name

Attn: Bankruptcy Dept.

256 W Data Dr

Number Street

Draper, UT 84020-2315

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

2018

Describe the property that secures the claim:

Dishes, pots and pans, and misc. household furnishings.

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset) Lease

Last 4 digits of account number 1 4 7 4

\$750.16

\$1,000.00

\$0.00

2.7

Progressive Leasing

Creditor's Name

Attn: Bankruptcy Dept.

256 W Data Dr

Number Street

Draper, UT 84020-2315

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

2018

Describe the property that secures the claim:

Dishes, pots and pans, and misc. household furnishings.

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)

Last 4 digits of account number 0 7 3 4

\$819.87

\$1,000.00

\$0.00

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,570.03

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral

that supports this claim

Column C

Unsecured

portion If any

2.8

South Shore Bank

Creditor's Name

Attn: Bankruptcy

PO Box 151

Number Street

Weymouth, MA 02188

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

6/1/2005

Describe the property that secures the claim:

Single family residence

1069 Taurus Ln Franklin, IN 46131-7020

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)Last 4 digits of account number 8 4 9 1

\$87,462.00

\$62,850.00

\$24,612.00

Remarks: Mortgage

Add the dollar value of your entries in Column A on this page. Write that number here:

\$87,462.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1

Barclays Bank Delaware

Name

PO Box 8801

Number Street

Wilmington, DE 19899

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 2Last 4 digits of account number 6 7 9 8**2**

Denise Marie Hallett

Name

Po Box 757

Number Street

Attorney at Law

Hobart, IN 46342-0757

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 5Last 4 digits of account number 0 2 8 5**3**

Gene B. Glick Co., Inc.

Name

8801 River Crossing Blvd Ste 200

Number Street

Attn: Adam J. Richter, Reg. Agent

Indianapolis, IN 46240-2295

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 1Last 4 digits of account number 1 1 9 6**4**

Joseph Brian Waltermann

Name

PO Box 631

Number Street

Attorney at Law

Greenwood, IN 46142

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 4Last 4 digits of account number 2 8 6 9**5**

JP Morgan Chase Bank, N.A.

Name

Po Box 78420

Number Street

Attn: Bankruptcy Dept.

Phoenix, AZ 85062-8420

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 8Last 4 digits of account number **6**

Kara A. Graham

Name

4645 Executive Drive

Number Street

Levy & Associates LLC

Columbus, OH 43220

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 2Last 4 digits of account number 1 2 7 5

Part 2: List Others to Be Notified for a Debt That You Already Listed Additional Page

7

L B Gray LLC

Name

On which line in Part 1 did you enter the creditor? 1Last 4 digits of account number 6 6 1 3

9100 Keystone Xing Ste 850

Number Street

Attn: Bankruptcy Dept.

Indianapolis, IN 46240-0015

City State ZIP Code

8

Rachel L. Elmore

Name

On which line in Part 1 did you enter the creditor? 1Last 4 digits of account number 1 1 9 6

9100 Keystone Crossing Ste. 870

Number Street

Indianapolis, IN 46240

City State ZIP Code

9

Stenger & Stenger, P.C.

Name

On which line in Part 1 did you enter the creditor? 5Last 4 digits of account number 0 2 8 5

2618 East Paris Ave Se

Number Street

Attn: Bankruptcy Dept.

Grand Rapids, MI 49546-2454

City State ZIP Code

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$105,540.41

Fill in this information to identify your case:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Indiana Department of Revenue

Priority Creditor's Name

Bankruptcy Section, N-240 MS 108

100 N Senate Ave

Number Street

Indianapolis, IN 46204-2273

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Remarks: Notice Only

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Total claim	Priority amount	Nonpriority amount
unknown	unknown	unknown

Part 1: Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
<u>\$3,178.01</u>	<u>\$3,178.01</u>	<u>\$0.00</u>

2.2

Internal Revenue Service

Priority Creditor's Name

Centralized Insolvency Operations**Po Box 7346**

Number Street

Philadelphia, PA 19101-7346

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Remarks: Liability for 1040 income taxes

Last 4 digits of account number 5980When was the debt incurred? 10/30/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

2.3

Internal Revenue Service

Priority Creditor's Name

Centralized Insolvency Operations**Po Box 7346**

Number Street

Philadelphia, PA 19101-7346

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Remarks: Liability for 1040 taxes

Last 4 digits of account number 5980When was the debt incurred? 12/31/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

<u>\$2,146.64</u>	<u>\$2,146.64</u>	<u>\$0.00</u>
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Tamir Sheri Underwood
First Name Middle Name Last Name

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

Afni, Inc.

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 3427

Number Street

Bloomington, IL 61702

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 1386

When was the debt incurred? 06/01/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Collection agent for AT&T Mobility

Total claim

\$1,323.00

4.2

American Health Network of Indiana, LLC

Nonpriority Creditor's Name

10689 N. Pennsylvania St #200

Number Street

Indianapolis, IN 46280

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 6072

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Medical Services

\$532.74

4.3

American Health Network of Johnson County

Nonpriority Creditor's Name

1300 W Jefferson St Ste C

Number Street

Franklin, IN 46131-9121

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 6072

When was the debt incurred? 04/26/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Medical Services

\$40.00

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4	American Health Network of Johnson County Nonpriority Creditor's Name 1300 W Jefferson St Ste C Number Street Franklin, IN 46131-9121 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1741</u> When was the debt incurred? <u>06/29/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$150.37
4.5	American Health Network of Johnson County Nonpriority Creditor's Name 1300 W Jefferson St Ste C Number Street Franklin, IN 46131-9121 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1741</u> When was the debt incurred? <u>12/15/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$20.50
4.6	American Health Network of Johnson County Nonpriority Creditor's Name 1300 W Jefferson St Ste C Number Street Franklin, IN 46131-9121 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6072</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$564.41

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.7

Big Picture Loans, LLC

Nonpriority Creditor's Name

Attn: Customer Service**Po Box 704**

Number Street

Watersmeet, MI 49969-0704

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5749**When was the debt incurred? **06/05/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Unsecured loan

\$1,332.40

4.8

Capital One

Nonpriority Creditor's Name

Attn: Bankruptcy**PO Box 30285**

Number Street

Salt Lake City, UT 84130-0285

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **8852**When was the debt incurred? **12/14/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Credit Card

\$187.11

4.9

Center for Diagnostic Imaging

Nonpriority Creditor's Name

Po Box 2303 Dept 163

Number Street

Indianapolis, IN 46206-2303

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **2056**When was the debt incurred? **12/11/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Medical Services

\$300.00

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10	CHN JMH Ventures LLC Nonpriority Creditor's Name 7610 Solutions Ctr Number Street Chicago, IL 60677-7006 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3429</u> When was the debt incurred? <u>07/18/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$700.00
4.11	Choice Recovery Nonpriority Creditor's Name 1550 Old Henderson Road Suite 100 Number Street Columbus, OH 43220 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0807</u> When was the debt incurred? <u>06/01/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection agent for Morton Family Dental Care	\$114.00
4.12	Comenity Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 182125 Number Street Columbus, OH 43218 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9221</u> When was the debt incurred? <u>02/07/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card - Lane Bryant	\$436.69

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	Commonwealth Financial Systems Nonpriority Creditor's Name Attn: Bankruptcy Dept. 245 Main St Number Street Dickson City, PA 18519-1641 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8368</u> When was the debt incurred? <u>04/16/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection agent for Pendrick Capital Partners II / Original Creditor: Greenway Trails Emerg Phys	\$178.31
4.14	Community Health Network Nonpriority Creditor's Name Attn: Bankruptcy Dept. Po Box 19202 Number Street Indianapolis, IN 46219-0202 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8772</u> When was the debt incurred? <u>12/26/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$25.63
4.15	Credit Management, LP Nonpriority Creditor's Name Attn: Bankruptcy PO Box 118288 Number Street Carrollton, TX 75011 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7385</u> When was the debt incurred? <u>01/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection agent for Comcast	\$167.00

Debtor 1

Tami**Sheri****Underwood**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16	Credit One Bank Nonpriority Creditor's Name ATTN: Bankruptcy PO Box 98873 Number Street Las Vegas, NV 89193 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0812 When was the debt incurred? 03/01/2018 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$420.00
4.17	Dept of Ed / Navient Nonpriority Creditor's Name Attn: Claims Dept PO Box 9635 Number Street Wilkes Barr, PA 18773-9635 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0630 When was the debt incurred? 06/01/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$87,298.00
4.18	Eagle Accounts Group, Inc. Nonpriority Creditor's Name Attn: Bankruptcy PO Box 17400 Number Street Indianapolis, IN 46217 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1000 When was the debt incurred? 08/27/2014 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection agent for MyOrthoTeam.com	\$1,271.00

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19	Eagle Accounts Group, Inc. Nonpriority Creditor's Name Attn: Bankruptcy PO Box 17400 Number Street Indianapolis, IN 46217 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1001</u> When was the debt incurred? <u>08/27/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection agent for South Emerson Anesthesia Associates	<u>\$212.00</u>
4.20	Eagle Accounts Group, Inc. Nonpriority Creditor's Name Attn: Bankruptcy PO Box 17400 Number Street Indianapolis, IN 46217 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3952</u> When was the debt incurred? <u>02/19/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection agent for Larry J. Buckel, MD, Inc.	<u>\$100.00</u>
4.21	First National Bank Nonpriority Creditor's Name Attn: Bankruptcy PO Box 5097 Number Street Sioux Falls, SD 57117-5097 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3162</u> When was the debt incurred? <u>11/01/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card - Legacy	<u>\$342.00</u>

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.22	First Savings Credit Card Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 5019 Number Street Sioux Falls, SD 57117 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5305</u> When was the debt incurred? <u>07/01/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	<u>\$374.00</u>
4.23	Franciscan Alliance Inc. Nonpriority Creditor's Name Attn: Bankruptcy Dept. 28044 Network Pl Number Street Chicago, IL 60673-1280 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5329</u> When was the debt incurred? <u>01/20/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	<u>\$3,824.05</u>
4.24	G. L. A. Collection Company Nonpriority Creditor's Name Attn: Bankruptcy PO Box 588 Number Street Greensburg, IN 47240-0588 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9338</u> When was the debt incurred? <u>05/01/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection agent for JWM Neurology	<u>\$121.00</u>

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.25	Genesis BC/Celtic Bank Nonpriority Creditor's Name Attn: Bankruptcy 268 South State Street Ste 300 Number Street Salt Lake City, UT 84111 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9117</u> When was the debt incurred? <u>12/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$331.00
4.26	Gymboree Corporation Nonpriority Creditor's Name Attn: Payroll / Human Resources 500 Howard St. Number Street San Francisco, CA 94105 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1275</u> When was the debt incurred? <u>04/09/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE ONLY - Garnishee Defendant in Cause No. 41D04-1712-CC-001275	unknown
4.27	Harris & Harris Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400 Number Street Chicago, IL 60604 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4003</u> When was the debt incurred? <u>05/31/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection agent for Franciscan Health / Franciscan Alliance Inc.	\$3,824.00

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.28	Hoosier Foot and Ankle Nonpriority Creditor's Name 1159 W Jefferson St Ste 204 Number Street Franklin, IN 46131-2795 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0661</u> When was the debt incurred? <u>06/21/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$459.66
4.29	Hoosier Foot and Ankle Nonpriority Creditor's Name 1159 W Jefferson St Ste 204 Number Street Franklin, IN 46131-2795 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7861</u> When was the debt incurred? <u>06/21/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$736.74
4.30	Huntington National Bank Nonpriority Creditor's Name PO Box 1558 Number Street Columbus, OH 43216 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2277</u> When was the debt incurred? <u>11/15/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$1,360.98

Debtor 1

Tami**Sheri****Underwood**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.31	IMC Credit Services, LLC Nonpriority Creditor's Name Attn: Bankruptcy PO Box 20636 Number Street Indianapolis, IN 46220 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3693</u> When was the debt incurred? <u>03/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection agent for AHN/Anatomic Pathology Lab	\$150.00
4.32	Indiana Immediate Care Nonpriority Creditor's Name Attn: Billing Department Po Box 15206 Number Street Loves Park, IL 61132-5206 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8925</u> When was the debt incurred? <u>11/13/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$19.80
4.33	Indiana Immediate Care Nonpriority Creditor's Name Attn: Billing Department Po Box 15206 Number Street Loves Park, IL 61132-5206 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8925</u> When was the debt incurred? <u>08/19/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$89.71

Debtor 1

Tami**Sheri****Underwood**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.34	JMH OCC Health Immediate Care Nonpriority Creditor's Name Po Box 314 Number Street Franklin, IN 46131-0314 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0373</u> When was the debt incurred? <u>09/26/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	unknown
4.35	JMH OCC Health Immediate Care Nonpriority Creditor's Name Po Box 314 Number Street Franklin, IN 46131-0314 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0373</u> When was the debt incurred? <u>5/31-6 /22/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$147.09
4.36	JMH OCC Health Immediate Care Nonpriority Creditor's Name Po Box 314 Number Street Franklin, IN 46131-0314 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0373</u> When was the debt incurred? <u>05/31/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$112.69

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.37	Johnson Memorial Hospital Nonpriority Creditor's Name PO Box 669 1125 W Jefferson St Number Street Franklin, IN 46131-2140 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0373 When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$34.40
4.38	Johnson Memorial Hospital Nonpriority Creditor's Name PO Box 669 1125 W Jefferson St Number Street Franklin, IN 46131-2140 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3664 When was the debt incurred? 09/07/2018 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$64.28
4.39	Johnson Memorial Hospital Nonpriority Creditor's Name PO Box 669 1125 W Jefferson St Number Street Franklin, IN 46131-2140 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7249 When was the debt incurred? 09/19/2018 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$64.28

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.40	Johnson Memorial Hospital Nonpriority Creditor's Name PO Box 669 1125 W Jefferson St Number Street Franklin, IN 46131-2140 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6474</u> When was the debt incurred? <u>07/11/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$106.19
4.41	Johnson Memorial Hospital Nonpriority Creditor's Name PO Box 669 1125 W Jefferson St Number Street Franklin, IN 46131-2140 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7271</u> When was the debt incurred? <u>06/22/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$185.59
4.42	Johnson Memorial Hospital Nonpriority Creditor's Name PO Box 669 1125 W Jefferson St Number Street Franklin, IN 46131-2140 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6256</u> When was the debt incurred? <u>06/14/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$106.19

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.43	Johnson Memorial Hospital Nonpriority Creditor's Name PO Box 669 1125 W Jefferson St Number Street Franklin, IN 46131-2140 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8049</u> When was the debt incurred? <u>07/14/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$221.00
4.44	JWM Neurology, PC Nonpriority Creditor's Name Attn: Bankruptcy Dept. Po Box 2152 Number Street Indianapolis, IN 46206-2152 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3305</u> When was the debt incurred? <u>05/28/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$121.33
4.45	KeyBank, N.A. Nonpriority Creditor's Name Attn: Bankruptcy Department 4910 Tiedeman Road Number Street Brooklyn, OH 44144 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>XD01</u> When was the debt incurred? <u>01/11/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$554.61

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.46

Kohls

Nonpriority Creditor's Name

Attn: Bankruptcy Dept.**Po Box 3120**

Number Street

Milwaukee, WI 53201-3120

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 5776When was the debt incurred? 09/01/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Charge Account

\$224.00

4.47

Kohls

Nonpriority Creditor's Name

Attn: Bankruptcy Dept.**Po Box 3120**

Number Street

Milwaukee, WI 53201-3120

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 8288When was the debt incurred? 02/01/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Charge Account

\$187.00

4.48

Langdon Mortgage Company

Nonpriority Creditor's Name

Attn: Payroll / Human Resources**250 E 96th St Ste 275**

Number Street

Indianapolis, IN 46240-3866

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 2869When was the debt incurred? 12/11/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
NOTICE ONLY - Garnishee Defendant in Cause No. 41D02-1809-SC-002869

unknown

Debtor 1

Tami

Sheri

Underwood

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.49	LVNV Funding/Resurgent Capital Nonpriority Creditor's Name Attn: Bankruptcy PO Box 10497 Number Street Greenville, SC 29603 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9819</u> When was the debt incurred? <u>07/01/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Factoring Company / Original Account: Webbank Fingerhut	<u>\$1,164.00</u>
4.50	Med-1 Solutions, LLC Nonpriority Creditor's Name Attn: Bankruptcy 517 US Highway 31 North Number Street Greenwood, IN 46142-3932 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6186</u> When was the debt incurred? <u>04/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection agent for Community Health Network	<u>\$25.00</u>
4.51	Merrick Bank/CardWorks Nonpriority Creditor's Name Attn: Bankruptcy PO Box 9201 Number Street Old Bethpage, NY 11804 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5208</u> When was the debt incurred? <u>07/26/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	<u>\$1,410.70</u>

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.52

MidAmerica Bank & Trust Company

Nonpriority Creditor's Name

Attn: Bankruptcy**PO Box 400**

Number Street

Dixon, MO 65459

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5878**When was the debt incurred? **08/01/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Credit Card

\$440.00

4.53

Midland Funding, LLC

Nonpriority Creditor's Name

c/o Corporation Service Company**135 N Pennsylvania St Ste 1610**

Number Street

Indianapolis, IN 46204-2448

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **8859**When was the debt incurred? **08/01/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Factoring Company / Original Account: Synchrony Bank

\$1,000.00

4.54

Midland Funding, LLC

Nonpriority Creditor's Name

c/o Corporation Service Company**135 N Pennsylvania St Ste 1610**

Number Street

Indianapolis, IN 46204-2448

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9738**When was the debt incurred? **05/01/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Factoring Company / Original Account: Synchrony Bank

\$980.00

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.55

Midland Funding, LLC

Nonpriority Creditor's Name

c/o Corporation Service Company**135 N Pennsylvania St Ste 1610**

Number Street

Indianapolis, IN 46204-2448

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **2313**When was the debt incurred? **07/01/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Factoring Company / Original Account: Comenity Bank

\$669.00

4.56

MyOrthoTeam.com

Nonpriority Creditor's Name

St. Francis South Campus**8141 S Emerson Ave Ste A**

Number Street

Indianapolis, IN 46237-8561

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1773**When was the debt incurred? **02/03/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Medical Services

\$795.23

4.57

Navient

Nonpriority Creditor's Name

Attn: Bankruptcy**PO Box 9000**

Number Street

Wiles-Barr, PA 18773-9000

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0604**When was the debt incurred? **06/01/2008**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify

\$5,352.00

Debtor 1

Tami**Sheri****Underwood**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.58	Navient Nonpriority Creditor's Name Attn: Bankruptcy PO Box 9000 Number Street Wiles-Barr, PA 18773-9000 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3588</u> When was the debt incurred? <u>10/01/2007</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$2,909.00</u>
4.59	Navient Nonpriority Creditor's Name Attn: Bankruptcy PO Box 9000 Number Street Wiles-Barr, PA 18773-9000 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0221</u> When was the debt incurred? <u>02/01/2008</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$2,348.00</u>
4.60	New World Collections, Inc. Nonpriority Creditor's Name 9000 Keystone Crossing Ste 635 Number Street Indianapolis, IN 46240 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6196</u> When was the debt incurred? <u>05/16/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection agent for Cutaneous and Maxillofacial	<u>\$78.00</u>

Debtor 1

Tami**Sheri****Underwood**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.61	OneMain Financial Nonpriority Creditor's Name Attn: Bankruptcy 601 NW 2nd Street Number Street Evansville, IN 47708 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0885</u> When was the debt incurred? <u>10/01/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured loan	\$3,456.00
4.62	Portfolio Recovery Associates LLC Nonpriority Creditor's Name PO Box 41021 Number Street Norfolk, VA 23541 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3220</u> When was the debt incurred? <u>01/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Factoring Company / Original Account: Capital One Bank USA, N.A.	\$334.00
4.63	Radiology of Indiana P.C. Nonpriority Creditor's Name Attn: Bankruptcy Dept. 7340 Shadeland Sta Ste 200 Number Street Indianapolis, IN 46256-3980 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>17iv</u> When was the debt incurred? <u>07/14/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	\$15.04

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.64

Radiology of Indiana P.C.

Nonpriority Creditor's Name

Attn: Bankruptcy Dept.**7340 Shadeland Sta Ste 200**

Number Street

Indianapolis, IN 46256-3980

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **7344**When was the debt incurred? **07/18/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Medical Services

\$62.50

4.65

St. Vincent Medical Group Inc.

Nonpriority Creditor's Name

Attn #12812M**Po Box 14000**

Number Street

Belfast, ME 04915-4033

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **7598**When was the debt incurred? **03/29/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Medical Services

\$71.77

4.66

Summit Receivables

Nonpriority Creditor's Name

1291 Galleria Dr Ste 170

Number Street

Henderson, NV 89014-8635

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **8560**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Collection agent for Global Trust Management LLC / MobiLoans LLC

\$1,165.00

Debtor 1

Tami**Sheri****Underwood**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.67

Synchrony Bank

Nonpriority Creditor's Name

Attn: Bankruptcy Dept**PO Box 965060**

Number Street

Orlando, FL 32896

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5092**When was the debt incurred? **03/01/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Charge Account - Walmart

\$254.00

4.68

Total Visa

Nonpriority Creditor's Name

Po Box 5069

Number Street

Sioux Falls, SD 57117-5069

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5878**When was the debt incurred? **12/27/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Credit Card

\$382.39

4.69

WLCC II DBA Arrowhead Advance

Nonpriority Creditor's Name

Po Box 6048

Number Street

Pine Ridge, SD 57770-6048

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **2750**When was the debt incurred? **02/10/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Personal Loan

\$550.00

Debtor 1

Tami

Sheri

Underwood

Case number (if known)

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

U.S. Department of Education

Name

Attn: Bankruptcy / Litigation**400 Maryland Ave Sw**

Number Street

Washington, DC 20202-0001

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 0630**U.S. Department of Education**

Name

Attn: Bankruptcy / Litigation**400 Maryland Ave Sw**

Number Street

Washington, DC 20202-0001

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.57 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 0604**Franciscan Alliance Inc.**

Name

1515 W Dragoon Trl

Number Street

Mishawaka, IN 46544-4710

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 4003**Franciscan Alliance Inc.**

Name

Attn: Bankruptcy Dept.**28044 Network Pl**

Number Street

Chicago, IL 60673-1280

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 4003**FMA Alliance Ltd.**

Name

Po Box 2409

Number Street

Houston, TX 77252-2409

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.61 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 4984**ARS National Services Inc.**

Name

Po Box 469046

Number Street

Escondido, CA 92046-9046

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.61 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 7409**Radius Global Solutions**

Name

Po Box 390846

Number Street

Minneapolis, MN 55439-0846

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.61 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 1223

Debtor 1

Tami

Sheri

Underwood

Case number (if known) _____

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page**National Enterprise System**

Name

2479 Edison Blvd Unit A

Number Street

Twinsburg, OH 44087

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.61 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 3073**U.S. Department of Education**

Name

Attn: Bankruptcy / Litigation**400 Maryland Ave Sw**

Number Street

Washington, DC 20202-0001

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.58 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 3588**U.S. Department of Education**

Name

Attn: Bankruptcy / Litigation**400 Maryland Ave Sw**

Number Street

Washington, DC 20202-0001

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.59 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 0221**AT&T**

Name

4331 Communications Dr

Number Street

Dallas, TX 75211-1300

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 5639**MyOrthoTeam.com**

Name

St. Francis South Campus**8141 S Emerson Ave Ste A**

Number Street

Indianapolis, IN 46237-8561

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 1000**Can Capital / Webbank**

Name

115 N 400 W # 301

Number Street

Salt Lake Cty, UT 84103-1124

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.49 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 9819**Fingerhut**

Name

Attn: Bankruptcy Dept.**6250 Ridgewood Rd**

Number Street

Saint Cloud, MN 56303-0820

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.49 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 9819

Debtor 1

Tami

Sheri

Underwood

Case number (if known) _____

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page**Stenger & Stenger, P.C.**

Name

Attn: Bankruptcy Dept.**2618 East Paris Ave Se**

Number Street

Grand Rapids, MI 49546-2454

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.49 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 0285**Synchrony Bank**

Name

Attn: Bankruptcy Dept.**Po Box 965064**

Number Street

Orlando, FL 32896-5064

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.53 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 8859**Synchrony Bank**

Name

Attn: Bankruptcy Dept.**Po Box 965064**

Number Street

Orlando, FL 32896-5064

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.54 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 9738**Comenity Bank**

Name

Attn: Bankruptcy Dept.**PO Box 182125**

Number Street

Columbus, OH 43218

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.55 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 2313**Portfolio Recovery Associates LLC**

Name

Attn: Litigation**120 Corporate Blvd**

Number Street

Norfolk, VA 23502-4952

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.62 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 3220**Capital One**

Name

Attn: Bankruptcy**PO Box 30285**

Number Street

Salt Lake City, UT 84130-0285

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.62 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 3220**Firstsource Advantage, LLC**

Name

205 Bryant Woods S

Number Street

Buffalo, NY 14228-3609

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.67 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 5346

Debtor 1

Tami

Sheri

Underwood

Case number (if known) _____

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page**Global Credit & Collection Corp.**

Name

Attn: Bankruptcy Dept.**300 International Dr Pmb 10015**

Number Street

Williamsville, NY 14221-5781

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.67 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 8654**Capital One**

Name

Attn: Bankruptcy**PO Box 30285**

Number Street

Salt Lake City, UT 84130-0285

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.46 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 5776**South Emerson Anesthesia Associates**

Name

8141 S Emerson Ave

Number Street

Indianapolis, IN 46237-8560

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Capital One**

Name

Attn: Bankruptcy**PO Box 30285**

Number Street

Salt Lake City, UT 84130-0285

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.47 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 8288**Comcast**

Name

Po Box 7500

Number Street

Southeastern, PA 19398-7500

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 0743**Comcast Cable Corp.**

Name

Comcast Center**1701 JFK Blvd**

Number Street

Philadelphia, PA 19103

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 0743**Credit Management, LP**

Name

4200 International Pkwy

Number Street

Carrollton, TX 75007-1912

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 7385

Debtor 1

Tami

Sheri

Underwood

Case number (if known) _____

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page**JWM Neurology, PC**

Name

Attn: Bankruptcy Dept.**Po Box 2152**

Number Street

Indianapolis, IN 46206-2152

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Morton Family Dental Care**

Name

2179 N Morton St Ste A

Number Street

Franklin, IN 46131-7035

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 0807**Larry J. Buckel, MD, Inc.**

Name

92 S Park Blvd

Number Street

Greenwood, IN 46143-8836

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Cutaneous and Maxillofacial Pathology Lab**

Name

9292 N Meridian St Ste 210

Number Street

Indianapolis, IN 46260-1828

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.60 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Community Health Network**

Name

1500 N Ritter Ave

Number Street

Indianapolis, IN 46219-3027

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.50 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 6186**Community Health Network**

Name

Attn: Bankruptcy Dept.**Po Box 19202**

Number Street

Indianapolis, IN 46219-0202

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.50 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 6186**American Health Network of Johnson County**

Name

1300 W Jefferson St Ste C

Number Street

Franklin, IN 46131-9121

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 6072

Debtor 1

Tami**Sheri****Underwood**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page**American Coradius International LLC**

Name

2420 Sweet Home Rd Ste 150

Number Street

Buffalo, NY 14228-2244

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.30 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 8201**ERC**

Name

Po Box 23870

Number Street

Jacksonville, FL 32241-3870

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 1918**Enhanced Recovery Corp.**

Name

Attn: Bankruptcy Dept.**8014 Bayberry Rd**

Number Street

Jacksonville, FL 32256-7412

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 1918**Mercantile**

Name

165 Lawrence Bell Dr Ste 100

Number Street

Buffalo, NY 14221-7900

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.45 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 9KB3**GLA Collection Company**

Name

Attn: Bankruptcy Dept.**Po Box 588**

Number Street

Greensburg, IN 47240-0588

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.44 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 9338**Greenway Trail Emergency Physicians, LLC**

Name

Corporation Service Company**135 N Pennsylvania St Ste 1610**

Number Street

Indianapolis, IN 46204-2448

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 0860**Radius Global Solutions**

Name

Attn: Bankruptcy Dept.**7831 Glenroy Rd Ste 250-A**

Number Street

Minneapolis, MN 55439-3132

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 7284

Debtor 1

Tami**Sheri****Underwood**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page**Americollect, Inc.**

Name

PO Box 1505

Number Street

Manitowoc, WI 54221

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.64 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 2054**Amcol Systems**

Name

Po Box 21625

Number Street

Columbia, SC 29221-1625

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.65 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Allied Collection Service, Inc.**

Name

Attn: Bankruptcy Dept.**Po Box 670**

Number Street

Columbus, IN 47202-0670

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.37 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 2818**IMC Credit Services, LLC**

Name

Attn: Bankruptcy Dept.**Po Box 20636**

Number Street

Indianapolis, IN 46220-0636

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 0789**Slovin & Associates Co., L.P.A.**

Name

644 Linn St Ste 720

Number Street

Cincinnati, OH 45203-1733

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 2056**Carson Smithfield, LLC**

Name

Attn: Bankruptcy Dept.**Po Box 9216**

Number Street

Old Bethpage, NY 11804-9016

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.51 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 5208**Phillips & Cohen Associates, Ltd.**

Name

Attn: Bankruptcy Dept.**1002 Justison St**

Number Street

Wilmington, DE 19801-5148

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.51 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** 4230

Debtor 1

Tami

Sheri

Underwood

Case number (if known) _____

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page**Med-1 Solutions, LLC**

Name

c/o William J. Huff, Reg. Agent**517 US Highway 31 N.**

Number Street

Greenwood, IN 46142

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 6186**Community Health Network**

Name

Attn: Bankruptcy Dept.**7163 Solutions Ctr**

Number Street

Chicago, IL 60677-7001

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 3669**Eagle Accounts Group, Inc.**

Name

Attn: Chet D. Klene, Reg. Agent**7510 Madison Avenue**

Number Street

Indianapolis, IN 46227

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.56 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 2750**Harris & Harris**

Name

Attn: Bankruptcy Dept.**111 W Jackson Blvd Ste 400**

Number Street

Chicago, IL 60604-4135

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 4003

Debtor 1

Tami**Sheri****Underwood**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

**Total claims
from Part 1**

6a. Domestic support obligations

6a. \$0.00

6b. Taxes and certain other debts you owe the government

6b. \$5,324.65

6c. Claims for death or personal injury while you were intoxicated

6c. \$0.006d. **Other.** Add all other priority unsecured claims. Write that amount here.6d. + \$0.006e. **Total.** Add lines 6a through 6d.6e. \$5,324.65**Total claim****Total claims
from Part 2**

6f. Student loans

6f. \$97,907.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$0.006i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.6i. + \$34,689.386j. **Total.** Add lines 6f through 6i.6j. \$132,596.38**Total claim**

Fill in this information to identify your case:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<u>EQT Production Company</u> Name <u>625 Liberty Avenue Ste 1700</u> Number Street <u>Pittsburgh, PA 15222</u> City State ZIP Code	Oil and Gas Lease. Debtor is lessor. Contract to be ASSUMED
2.2	<u>Progressive Leasing</u> Name <u>Attn: Bankruptcy Dept.</u> <u>256 W Data Dr</u> Number Street <u>Draper, UT 84020-2315</u> City State ZIP Code	Household goods Contract to be ASSUMED
2.3	_____ Name _____ Number Street _____ City State ZIP Code	
2.4	_____ Name _____ Number Street _____ City State ZIP Code	
2.5	_____ Name _____ Number Street _____ City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

☒ Schedule D, line 2.8
☒ Schedule E/F, line 2.2, 2.3
☐ Schedule G, line _____

3.1

Underwood, Douglas C.

Name _____

1069 Taurus Ln _____

Number _____ Street _____

Franklin, IN 46131-7020 _____

City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	_____		

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:_____
MM / DD / YYYY**Official Form 106I****Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Occupation****Employer's name****Employer's address****How long employed there?** 1 year**Debtor 1**☒ Employed ☐ Not EmployedPayroll ClerkTimpe CPA4801 Northwestern Dr
Number StreetZionsville, IN 46077-9249

City

State

Zip Code

Debtor 2 or non-filing spouse☐ Employed ☒ Not Employed

Number Street_____
City State Zip Code**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. <u>\$2,929.44</u>	<u>\$0.00</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	+ <u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$2,929.44</u>	<u>\$0.00</u>

First Name

Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4. \$2,929.44	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$518.02	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$262.88	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. + \$0.00	+ \$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$780.90	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$2,148.54	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. + \$0.00	+ \$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. \$2,148.54	\$0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12. \$2,148.54	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. _____

If not included in line 4:

4a. Real estate taxes

4a. _____ \$0.00

4b. Property, homeowner's, or renter's insurance

4b. _____ \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. _____ \$40.00

4d. Homeowner's association or condominium dues

4d. _____ \$0.00

Tami Sheri Underwood
 First Name Middle Name Last Name

Case number (if known)

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. _____
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. _____ \$150.00
6b.	Water, sewer, garbage collection	6b. _____ \$125.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$111.00
6d.	Other. Specify: _____	6d. _____ \$0.00
7.	Food and housekeeping supplies	7. _____ \$300.00
8.	Childcare and children's education costs	8. _____ \$0.00
9.	Clothing, laundry, and dry cleaning	9. _____ \$150.00
10.	Personal care products and services	10. _____ \$100.00
11.	Medical and dental expenses	11. _____ \$75.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$300.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____ \$50.00
14.	Charitable contributions and religious donations	14. _____ \$0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ \$0.00
15b.	Health insurance	15b. _____ \$0.00
15c.	Vehicle insurance	15c. _____ \$126.00
15d.	Other insurance. Specify: _____	15d. _____ \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____ \$0.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. _____ \$425.00
17b.	Car payments for Vehicle 2	17b. _____
17c.	Other. Specify: _____ IRS Installment Agreement	17c. _____ \$50.00
17d.	Other. Specify: _____ RnR Tires Installment Agreement	17d. _____ \$50.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____ \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	19. _____ \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. _____ \$0.00
20b.	Real estate taxes	20b. _____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c. _____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d. _____ \$0.00
20e.	Homeowner's association or condominium dues	20e. _____ \$0.00

21. **Other.** Specify: _____

21. + _____ \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. _____ \$2,052.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. _____ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. _____ \$2,052.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. _____ \$2,148.54

23b. Copy your monthly expenses from line 22c above.

23b. - _____ \$2,052.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. _____ \$96.54

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Fill in this information to identify your case:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Tami Sheri Underwood
Tami Sheri Underwood, Debtor 1

X _____

Date 03/29/2019
MM/ DD/ YYYY

Date _____
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
- ☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
- ☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<input type="checkbox"/> Same as Debtor 1 _____ Number Street	<input type="checkbox"/> Same as Debtor 1 From _____ To _____	<input type="checkbox"/> Same as Debtor 1 _____ Number Street	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
_____ <u>Greenwood, IN 46143</u> City State ZIP Code		_____ City State ZIP Code	
<input type="checkbox"/> Same as Debtor 1 _____ Number Street	<input type="checkbox"/> Same as Debtor 1 From _____ To _____	<input type="checkbox"/> Same as Debtor 1 _____ Number Street	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
_____ <u>Franklin, IN 46131</u> City State ZIP Code		_____ City State ZIP Code	

Debtor 1 Tami Sheri Underwood
 First Name Middle Name Last Name

Case number (if known) _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No

☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$4,830.75	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For last calendar year: (January 1 to December 31, <u>2018</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$30,754.25	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, <u>2017</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:				

Debtor 1 Tami Sheri Underwood Case number (if known) _____
 First Name Middle Name Last Name

For last calendar year:(January 1 to December 31, 2018)
 YYYY

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For the calendar year before that:(January 1 to December 31, 2017)
 YYYY

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

Debtor 1		<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>	Case number (if known) _____	
		First Name	Middle Name	Last Name		
		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment	
Insider's Name						
Number	Street					
City	State	ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name					
Number	Street				
City	State	ZIP Code			

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

		Nature of the case	Court or agency	Status of the case
Case title	<u>Eagle Accounts Group, Inc. v. Tami S. Underwood</u>	Small Claims	<u>Johnson Magistrate Court</u>	<input type="checkbox"/> Pending
Case number	<u>41D02-1809-SC-002869</u>		Court Name	<input type="checkbox"/> On appeal
			<u>Main Courthouse, 3rd Floor</u>	<input checked="" type="checkbox"/> Concluded
			<u>5 E Jefferson St</u>	
			Number Street	
			<u>Franklin, IN 46131-2320</u>	
			City State ZIP Code	

Debtor 1

Tami**Sheri****Underwood**

Case number (if known) _____

First Name

Middle Name

Last Name

		Nature of the case	Court or agency	Status of the case
Case title	Midland Funding, LLC v. Tami Underwood	Civil Collection	Johnson Superior Court No. 1	<input type="checkbox"/> Pending
Case number	41D01-1807-CC-000775		Court Name	<input type="checkbox"/> On appeal
			Main Courthouse, 3rd Floor	<input checked="" type="checkbox"/> Concluded
			5 E. Jefferson Street	
			Number Street	
			Franklin, IN 46131	
			City State ZIP Code	
Case title	Gene B. Glick Co., Inc. as M/A for Ashmore Trace Apartments v. Tami Underwood	Small Claims / Eviction	Johnson Magistrate Court	<input type="checkbox"/> Pending
Case number	41D03-1804-SC-001196		Court Name	<input type="checkbox"/> On appeal
			Main Courthouse, 3rd Floor	<input checked="" type="checkbox"/> Concluded
			5 E. Jefferson St	
			Number Street	
			Franklin, IN 46131-2320	
			City State ZIP Code	
Case title	Barclays Bank Delaware v. Tami Underwood	Civil Collection	Johnson Superior Court No. 4	<input type="checkbox"/> Pending
Case number	41D04-1712-CC-001275		Court Name	<input type="checkbox"/> On appeal
			Main Courthouse, 2nd Floor	<input checked="" type="checkbox"/> Concluded
			5 E. Jefferson Street	
			Number Street	
			Franklin, IN 46131	
			City State ZIP Code	
Case title	LVNV Funding, LLC v. Tami Underwood	Civil Collection	Johnson Superior Court No. 4	<input type="checkbox"/> Pending
Case number	41D04-1703-CC-000285		Court Name	<input type="checkbox"/> On appeal
			Main Courthouse, 2nd Floor	<input checked="" type="checkbox"/> Concluded
			5 E. Jefferson Street	
			Number Street	
			Franklin, IN 46131	
			City State ZIP Code	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.

Creditor's Name

Number Street

City State ZIP Code

Describe the property

Date

Value of the property

Explain what happened

☐ Property was repossessed.☐ Property was foreclosed.☐ Property was garnished.☐ Property was attached, seized, or levied.

Debtor 1 Tami Sheri Underwood
 First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?



No

☐ Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number _____ Street _____ City _____ State _____ ZIP Code _____			

Last 4 digits of account number: XXXX- ____ - ____ - ____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?



No

☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?



No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?



No

☐ Yes. Fill in the details for each gift or contribution.

Debtor 1 Tami Sheri Underwood Case number (if known) _____
 First Name Middle Name Last Name

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			
Number Street			
City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Law Office of Matthew M. Cree, LLC Person Who Was Paid 1638 W Smith Valley Rd Suite A Number Street Greenwood, IN 46142-1550 City State ZIP Code matt@creelawoffice.com Email or website address Matthew M. Cree Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Bankruptcy filing fee and credit reports; Bankruptcy filing fee; Bankruptcy filing fee; Attorney fees; Attorney fees; Attorney fees	12/27/2018	\$100.00
		01/02/2019	\$100.00
		1/11/2019	\$200.00
		01/23/2019	\$100.00
		2/6/2019	\$200.00
		02/21/2019	\$900.00

Debtor 1 Tami Sheri Underwood Case number (if known) _____

First Name

Middle Name

Last Name

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
001 Debtorcc, Inc. Person Who Was Paid 378 Summit Avenue Number Street Jersey City, NJ 07306 City State ZIP Code www.debtorcc.org Email or website address Person Who Made the Payment, if Not You		03/26/2019	\$14.95

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.



No

☐ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.



No

☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you _____		

Debtor 1

Tami**Sheri****Underwood**

First Name

Middle Name

Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)



No



Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.



No



Yes. Fill in the details.

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Name of Financial Institution

XXXX- ____ ____ ____ ____

☐ Checking☐ Savings☐ Money market☐ Brokerage☐ Other _____

Number Street

City

State

ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?



No



Yes. Fill in the details.

Debtor 1 Tami Sheri Underwood Case number (if known) _____

First Name

Middle Name

Last Name

Who else had access to it?

Describe the contents

Do you still have it?

☐ No☐ Yes

Name of Financial Institution

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

☐ No☐ Yes

Name of Storage Facility

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

Number Street

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1 Tami Sheri Underwood
 First Name Middle Name Last Name

Case number (if known) _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?



No



Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site			
Governmental unit			
Number	Street		
City			
State	ZIP Code		

25. Have you notified any governmental unit of any release of hazardous material?



No



Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site			
Governmental unit			
Number	Street		
City			
State	ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.



No



Yes. Fill in the details.

Debtor 1	Tami	Sheri	Underwood	Case number (if known) _____
	First Name	Middle Name	Last Name	

	Court or agency	Nature of the case	Status of the case
Case title _____	Court Name _____		<input type="checkbox"/> Pending
_____	Number _____ Street _____		<input type="checkbox"/> On appeal
Case number _____	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number _____ Street _____		EIN: _____ - _____
City _____ State _____ ZIP Code _____	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

	Date issued
Name _____	MM / DD / YYYY _____
Number _____ Street _____	
City _____ State _____ ZIP Code _____	

Debtor 1

Tami

First Name

Sheri

Middle Name

Underwood

Last Name

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ Tami Sheri Underwood

Signature of Tami Sheri Underwood, Debtor 1

Date 03/29/2019

X

Signature of _____

Date _____

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?



No



Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?



No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Tami</u>	<u>Sheri</u>	<u>Underwood</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>South Shore Bank</u>	<input checked="" type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <u>Single family residence</u> <u>1069 Taurus Ln Franklin, IN 46131-7020</u>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name: <u>Capital One Auto Finance</u>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <u>2012 Chevy Cruze</u> <u>Good condition</u>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	

Additional Page for Part 1

Creditor's name:	LVNV Funding, LLC	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: avoid lien using 522(f)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt:	Single family residence 1069 Taurus Ln Franklin, IN 46131-7020		
Creditor's name:	Ashmore Trace Apartments	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:	Single family residence 1069 Taurus Ln Franklin, IN 46131-7020		
Creditor's name:	Eagle Accounts Group, Inc.	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: avoid lien using 522(f)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt:	Single family residence 1069 Taurus Ln Franklin, IN 46131-7020		
Creditor's name:	Barclays Bank Delaware	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: avoid lien using 522(f)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt:	Single family residence 1069 Taurus Ln Franklin, IN 46131-7020		
Creditor's name:	Progressive Leasing	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:	Dishes, pots and pans, and misc. household furnishings.		
Creditor's name:	Progressive Leasing	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:	Dishes, pots and pans, and misc. household furnishings.		

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name: Progressive Leasing

☐ No☒ Yes

Description of leased property: Household goods

Lessor's name: EQT Production Company

☐ No☒ Yes

Description of leased property: Oil and Gas Lease. Debtor is lessor.

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X _____
/s/ Tami Sheri Underwood
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 03/29/2019
MM/ DD/ YYYY

Date _____
MM/ DD/ YYYY

B2030 (Form 2030)(12/15)

United States Bankruptcy Court

Southern District of Indiana

In re

Underwood, Tami Sheri

Case No. _____

Debtor(s)Chapter 7**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$1,600.00
Prior to the filing of this statement I have received	\$1,600.00
Balance Due	\$0.00

2. The source of the compensation to be paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/29/2019*Date*/s/ Matthew M Cree*Signature of Attorney*Law Office of Matthew M. Cree, LLC*Name of law firm*Date: 3/29/2019/s/ Tami Sheri Underwood***Underwood, Tami Sheri***

IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

IN RE: **Underwood, Tami Sheri**

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 03/29/2019 Signature /s/ Tami Sheri Underwood
Tami Sheri Underwood, Debtor

Afni, Inc.
Attn: Bankruptcy
PO Box 3427
Bloomington, IL 61702

Allied Collection Service, Inc.
Attn: Bankruptcy Dept.
Po Box 670
Columbus, IN 47202-0670

Amcol Systems
Po Box 21625
Columbia, SC 29221-1625

American Coradius
International LLC
2420 Sweet Home Rd Ste 150
Buffalo, NY 14228-2244

American Health Network of
Indiana, LLC
10689 N. Pennsylvania St #200
Indianapolis, IN 46280

American Health Network of
Johnson County
1300 W Jefferson St Ste C
Franklin, IN 46131-9121

Americollect, Inc.
PO Box 1505
Manitowoc, WI 54221

ARS National Services Inc.
Po Box 469046
Escondido, CA 92046-9046

Ashmore Trace Apartments

Attn: Highest Executive Officer Found
902 Wallington Cir
Greenwood, IN 46143-2353

AT&T

4331 Communications Dr
Dallas, TX 75211-1300

Barclays Bank Delaware

PO Box 8801
Wilmington, DE 19899

Big Picture Loans, LLC

Attn: Customer Service
Po Box 704
Watersmeet, MI 49969-0704

Can Capital / Webbank

115 N 400 W # 301
Salt Lake Cty, UT 84103-1124

Capital One

Attn: Bankruptcy
PO Box 30285
Salt Lake City, UT 84130-0285

Capital One Auto Finance

Attn: Bankruptcy
PO Box 30285
Salt Lake City, UT 84130-0285

Carson Smithfield, LLC

Attn: Bankruptcy Dept.
Po Box 9216
Old Bethpage, NY 11804-9016

Center for Diagnostic
Imaging
Po Box 2303 Dept 163
Indianapolis, IN 46206-2303

CHN JMH Ventures LLC
7610 Solutions Ctr
Chicago, IL 60677-7006

Choice Recovery
1550 Old Henderson Road Suite 100
Columbus, OH 43220

Comcast
Po Box 7500
Southeastern, PA 19398-7500

Comcast Cable Corp.
Comcast Center
1701 JFK Blvd
Philadelphia, PA 19103

Comenity Bank
Attn: Bankruptcy Dept.
PO Box 182125
Columbus, OH 43218

Commonwealth Financial
Systems
Attn: Bankruptcy Dept.
245 Main St
Dickson City, PA 18519-1641

Community Health Network
1500 N Ritter Ave
Indianapolis, IN 46219-3027

Community Health Network

Attn: Bankruptcy Dept.

Po Box 19202

Indianapolis, IN 46219-0202

Community Health Network

Attn: Bankruptcy Dept.

7163 Solutions Ctr

Chicago, IL 60677-7001

Credit Management, LP

Attn: Bankruptcy

PO Box 118288

Carrollton, TX 75011

Credit Management, LP

4200 International Pkwy

Carrollton, TX 75007-1912

Credit One Bank

ATTN: Bankruptcy

PO Box 98873

Las Vegas, NV 89193

Cutaneous and Maxillofacial
Pathology Lab

9292 N Meridian St Ste 210

Indianapolis, IN 46260-1828

Denise Marie Hallett

Attorney at Law

Po Box 757

Hobart, IN 46342-0757

Dept of Ed / Navient

Attn: Claims Dept

PO Box 9635

Wilkes Barr, PA 18773-9635

Eagle Accounts Group, Inc.
Attn: Bankruptcy
PO Box 17400
Indianapolis, IN 46217

Eagle Accounts Group, Inc.
Attn: Chet D. Klene, Reg. Agent
7510 Madison Avenue
Indianapolis, IN 46227

Enhanced Recovery Corp.
Attn: Bankruptcy Dept.
8014 Bayberry Rd
Jacksonville, FL 32256-7412

EQT Production Company
625 Liberty Avenue Ste 1700
Pittsburgh, PA 15222

ERC
Po Box 23870
Jacksonville, FL 32241-3870

Fingerhut
Attn: Bankruptcy Dept.
6250 Ridgewood Rd
Saint Cloud, MN 56303-0820

First National Bank
Attn: Bankruptcy
PO Box 5097
Sioux Falls, SD 57117-5097

First Savings Credit Card
Attn: Bankruptcy Department
PO Box 5019
Sioux Falls, SD 57117

Firstsource Advantage, LLC
205 Bryant Woods S
Buffalo, NY 14228-3609

FMA Alliance Ltd.
Po Box 2409
Houston, TX 77252-2409

Franciscan Alliance Inc.
1515 W Dragoon Trl
Mishawaka, IN 46544-4710

Franciscan Alliance Inc.
Attn: Bankruptcy Dept.
28044 Network Pl
Chicago, IL 60673-1280

G. L. A. Collection Company
Attn: Bankruptcy
PO Box 588
Greensburg, IN 47240-0588

Gene B. Glick Co., Inc.
Attn: Adam J. Richter, Reg. Agent
8801 River Crossing Blvd Ste 200
Indianapolis, IN 46240-2295

Genesis BC/Celtic Bank
Attn: Bankruptcy 268 South State Street
Ste 300
Salt Lake City, UT 84111

GLA Collection Company
Attn: Bankruptcy Dept.
Po Box 588
Greensburg, IN 47240-0588

Global Credit & Collection
Corp.

Attn: Bankruptcy Dept.
300 International Dr Pmb 10015
Williamsville, NY 14221-5781

Greenway Trail Emergency
Physicians, LLC

Corporation Service Company
135 N Pennsylvania St Ste 1610
Indianapolis, IN 46204-2448

Gymboree Corporation

Attn: Payroll / Human Resources
500 Howard St.
San Francisco, CA 94105

Harris & Harris

111 W Jackson Blvd Suite 400
Chicago, IL 60604

Harris & Harris

Attn: Bankruptcy Dept.
111 W Jackson Blvd Ste 400
Chicago, IL 60604-4135

Hoosier Foot and Ankle

1159 W Jefferson St Ste 204
Franklin, IN 46131-2795

Huntington National Bank

PO Box 1558
Columbus, OH 43216

IMC Credit Services, LLC

Attn: Bankruptcy
PO Box 20636
Indianapolis, IN 46220

IMC Credit Services, LLC
Attn: Bankruptcy Dept.
Po Box 20636
Indianapolis, IN 46220-0636

Indiana Department of
Revenue
Bankruptcy Section, N-240 MS 108
100 N Senate Ave
Indianapolis, IN 46204-2273

Indiana Immediate Care
Attn: Billing Department
Po Box 15206
Loves Park, IL 61132-5206

Internal Revenue Service
Centralized Insolvency Operations
Po Box 7346
Philadelphia, PA 19101-7346

JMH OCC Health Immediate
Care
Po Box 314
Franklin, IN 46131-0314

Johnson Memorial Hospital
PO Box 669
1125 W Jefferson St
Franklin, IN 46131-2140

Joseph Brian Waltermann
Attorney at Law
PO Box 631
Greenwood, IN 46142

JP Morgan Chase Bank, N.A.
Attn: Bankruptcy Dept.
Po Box 78420
Phoenix, AZ 85062-8420

JWM Neurology, PC
Attn: Bankruptcy Dept.
Po Box 2152
Indianapolis, IN 46206-2152

Kara A. Graham
Levy & Associates LLC
4645 Executive Drive
Columbus, OH 43220

KeyBank, N.A.
Attn: Bankruptcy Department 4910
Tiedeman Road
Brooklyn, OH 44144

Kohls
Attn: Bankruptcy Dept.
Po Box 3120
Milwaukee, WI 53201-3120

L B Gray LLC
Attn: Bankruptcy Dept.
9100 Keystone Xing Ste 850
Indianapolis, IN 46240-0015

Langdon Mortgage Company
Attn: Payroll / Human Resources
250 E 96th St Ste 275
Indianapolis, IN 46240-3866

Larry J. Buckel, MD, Inc.
92 S Park Blvd
Greenwood, IN 46143-8836

LVNV Funding, LLC
c/o Corporation Service Company
135 N Pennsylvania St Ste 1610
Indianapolis, IN 46204-2448

LVNV Funding/Resurgent
Capital

Attn: Bankruptcy
PO Box 10497
Greenville, SC 29603

Med-1 Solutions, LLC

Attn: Bankruptcy 517 US Highway 31
North
Greenwood, IN 46142-3932

Med-1 Solutions, LLC

c/o William J. Huff, Reg. Agent
517 US Highway 31 N.
Greenwood, IN 46142

Mercantile

165 Lawrence Bell Dr Ste 100
Buffalo, NY 14221-7900

Merrick Bank/CardWorks

Attn: Bankruptcy
PO Box 9201
Old Bethpage, NY 11804

MidAmerica Bank & Trust
Company

Attn: Bankruptcy
PO Box 400
Dixon, MO 65459

Midland Funding, LLC

c/o Corporation Service Company
135 N Pennsylvania St Ste 1610
Indianapolis, IN 46204-2448

Morton Family Dental Care

2179 N Morton St Ste A
Franklin, IN 46131-7035

MyOrthoTeam.com
St. Francis South Campus
8141 S Emerson Ave Ste A
Indianapolis, IN 46237-8561

National Enterprise System
2479 Edison Blvd Unit A
Twinsburg, OH 44087

Navient
Attn: Bankruptcy
PO Box 9000
Wiles-Barr, PA 18773-9000

New World Collections, Inc.
9000 Keystone Crossing Ste 635
Indianapolis, IN 46240

OneMain Financial
Attn: Bankruptcy 601 NW 2nd Street
Evansville, IN 47708

Phillips & Cohen Associates,
Ltd.
Attn: Bankruptcy Dept.
1002 Justison St
Wilmington, DE 19801-5148

Portfolio Recovery
Associates LLC
PO Box 41021
Norfolk, VA 23541

Portfolio Recovery
Associates LLC
Attn: Litigation
120 Corporate Blvd
Norfolk, VA 23502-4952

Progressive Leasing

Attn: Bankruptcy Dept.
256 W Data Dr
Draper, UT 84020-2315

Rachel L. Elmore

9100 Keystone Crossing Ste. 870
Indianapolis, IN 46240

Radiology of Indiana P.C.

Attn: Bankruptcy Dept.
7340 Shadeland Sta Ste 200
Indianapolis, IN 46256-3980

Radius Global Solutions

Po Box 390846
Minneapolis, MN 55439-0846

Radius Global Solutions

Attn: Bankruptcy Dept.
7831 Glenroy Rd Ste 250-A
Minneapolis, MN 55439-3132

Slovin & Associates Co.,
L.P.A.

644 Linn St Ste 720
Cincinnati, OH 45203-1733

South Emerson Anesthesia
Associates

8141 S Emerson Ave
Indianapolis, IN 46237-8560

South Shore Bank

Attn: Bankruptcy
PO Box 151
Weymouth, MA 02188

St. Vincent Medical Group Inc.

Attn #12812M

Po Box 14000

Belfast, ME 04915-4033

Stenger & Stenger, P.C.

Attn: Bankruptcy Dept.

2618 East Paris Ave Se

Grand Rapids, MI 49546-2454

Summit Receivables

1291 Galleria Dr Ste 170

Henderson, NV 89014-8635

Synchrony Bank

Attn: Bankruptcy Dept.

Po Box 965064

Orlando, FL 32896-5064

Synchrony Bank

Attn: Bankruptcy Dept

PO Box 965060

Orlando, FL 32896

Total Visa

Po Box 5069

Sioux Falls, SD 57117-5069

U.S. Department of Education

Attn: Bankruptcy / Litigation

400 Maryland Ave Sw

Washington, DC 20202-0001

Douglas C. Underwood

1069 Taurus Ln

Franklin, IN 46131-7020

WLCC II DBA Arrowhead
Advance
Po Box 6048
Pine Ridge, SD 57770-6048